FO2312648

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Transcribed Interviews:

Involved Deputies
Deputy Robert Lavoie
Deputy Nicholas Saldivar

Exhibits

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B- CD containing Radio Traffic of Deputy Levoie advising he is holding the suspect at gun point
C- CD containing witness and suspect interviews
D- Photo of suspect's injuries
E- CD containing audio of call for service

Miscellaneous Documents

Chiefs Memo
Administrative Rights/ Force/Shooting Review Forms (2)
Criminal History Report
Miscellaneous case photographs

Los Angeles County Sheriff's Department
Supervisor's Report on Use of Force

Incident Information

URN: 912-06474-2118-053	Date: 5/9/12	Time: 1830
Location: [redacted] Phillips Avenue	City or Station: Lynwood	
Bureau/Station/Facility: Field Operations Region II/ Century Sheriff's Station	Admin. Investigation: YES ☒ NO ☐	
Type of Force: Significant Force-Skeletal Fractures, Head Strike		
Deputy Injury: YES ☒ NO ☐	Suspect Injury YES ☒ NO ☐	
☒ Call ☐ Observation ☐ Detail	☐ Foot Pursuit ☐ Vehicle Pursuit	
IAB Notified: YES ☒ NO ☐ Person Notified: Lt. [redacted]	Emp: [redacted]	IAB Roll Out: YES ☒ NO ☐

Involved Employee

E1

Employee # [redacted]	Last Name: Lavoie	First Name: Robert	Middle Name:
Sex: ☒ Male ☐ Female	Race: Hispanic	Unit of Assignment: Century Station	Work Assignment (Unit #, Module, etc.): 212E1
Shift: ☐ EM ☐ Day ☒ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: 507 / Weight: 225
☒ Injured ☐ Treated ☐ Admitted Hospital: U.S. Health Works, Compton	Coroner Case #	Directed Force ☐	Significant Force ☒

E2

Employee # [redacted]	Last Name: Saldivar	First Name: Nicholas	Middle Name:
Sex: ☒ Male ☐ Female	Race: White	Unit of Assignment: Century Station	Work Assignment (Unit #, Module, etc.): 212D
Shift: ☐ EM ☐ Day ☒ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: 510 / Weight: 200
☐ Injured ☐ Treated ☐ Admitted Hospital:	Coroner Case #	Directed Force ☐	Significant Force ☒

E_

Employee #	Last Name	First Name	Middle Name
Sex: ☐ Male ☐ Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
Shift: ☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty	Age:	Height: / Weight:
☐ Injured ☐ Treated ☐ Admitted Hospital:	Coroner Case #	Directed Force ☐	Significant Force ☐

☐ **Additional Involved Employees**

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
[redacted]	Navarrete	Ronald		SGT	YES ☐ NO ☒	YES ☐ NO ☒
					YES ☐ NO ☐	YES ☐ NO ☐

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	

Watch Commander

Emp. #	Last Name	First Name	Middle Name
[redacted]	Nathan	Daniel	

Lieutenant Daniel Nathan
Watch Commander (**Print Name**) — Watch Commander's **Signature**: — Emp #: — Date

Sergeant Brenda Parker — [redacted]
Supervisor Completing Form: (**Print Name**) — Emp #: — Copy Provided to Employee by: — Emp #:

Captain Joseph Gooden
Unit Commander (**Print Name**) — Unit Commander's **Signature**: — Emp #: — Date

DISCOVERY Use Only
FO#

Hybrid Form SH-R-438P (Rev. 11/07)

Original: Discovery Unit
Copy: Unit Commander

Supervisor's Report on Use of Force
SUSPECT INFORMATION
9 1 2 - 0 6 4 7 4 - 2 1 1 8 - 0 5 3

Suspect Information

S 1

Last Name: Marquez | First Name: Freddy | Middle Name:

AKA Last Name: | First Name: | Middle Name:

Sex: [X] Male [ ] Female | Race: Hispanic | Street Address: [redacted] | City: [redacted] | State & Zip Code: [redacted]

Work Phone: [redacted] | Home Phone: [redacted] | Age: 34 | Height: 600 | D.O.B. 04/15/78 | Weight: 280 | Armed? [X]

Booking #: 3151280 | Primary Charge Code: 245(a) (1) P.C. | Secondary Charge Code: 245(c) P.C. | Criminal History [redacted]

EMT in attendance? [X] YES [ ] NO | Name: L.A. County Fire Department | Unit: 148 | Phone #: N/A

Hospital Admission? [X] | Rec'd Treatment At: St. Francis Medical Center | Coroner Case #: | Mental History [X]

By Doctor: Karen Chang | Address: 3630 E. Imperial Hwy, Lynwood, CA 90262 | Phone #: (310) 900-4525

Under Influence: [ ] YES [X] NO | Substance: | Mental Illness [X]

Suspect Interview

Date: 05/10/12 | Time: 0241 | Audiotape: [ ] | Videotape: [X] | Photos of Injuries: [X]

Suspect Information

S__

Last Name: | First Name: | Middle Name:

AKA Last Name: | First Name: | Middle Name:

Sex: [ ] Male [ ] Female | Race: | Street Address: | City: | State & Zip Code:

Work Phone: | Home Phone: | Age: | Height: | D.O.B. | Weight: | Armed? [ ]

Booking #: | Primary Charge Code: | Secondary Charge Code: | Criminal History [ ]

EMT in attendance? [ ] YES [ ] NO | Name: | Unit: | Phone #:

Hospital Admission? [ ] | Rec'd Treatment At: | Coroner Case #: | Mental History [ ]

By Doctor: | Address: | Phone #:

Under Influence: [ ] YES [ ] NO | Substance: | Mental Illness: [ ]

Suspect Interview

Date: | Time: | Audiotape: [ ] | Videotape: [ ] | Photos of Injuries: [ ]

Suspect Information

S__

Last Name: | First Name: | Middle Name:

AKA Last Name: | First Name: | Middle Name:

Sex: [ ] Male [ ] Female | Race: | Street Address: | City: | State & Zip Code:

Work Phone: | Home Phone: | Age: | Height: | D.O.B. | Weight: | Armed? [ ]

Booking #: | Primary Charge Code: | Secondary Charge Code: | Criminal History [ ]

EMT in attendance? [ ] YES [ ] NO | Name: | Unit: | Phone #:

Hospital Admission? [ ] | Rec'd Treatment At: | Coroner Case #: | Mental History [ ]

By Doctor: | Address: | Phone #:

Under Influence: [ ] YES [ ] NO | Substance: | Mental Illness [ ]

Suspect Interview

Date: | Time: | Audiotape: [ ] | Videotape: [ ] | Photos of Injuries: [ ]

[ ] **Additional Suspects Involved**

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION
9 1 2 - 0 6 4 7 4 - 2 1 1 8 - 0 5 3

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
[redacted]	Vargas Machucha	Michael	E.

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
[redacted]	[redacted]		32	[redacted]

Street Address	City	Zip Code	Work Ph.	Home Ph.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Last Name	First Name	Middle Name	Age	D.O.B.
[redacted]	[redacted]		30	[redacted]

Street Address	City	Zip Code	Work Ph.	Home Ph.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

☐ Additional Witness

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Marquez, Freddy	S#1	Lavoie, Robert	E#1	PH	NN	
Marquez, Freddy	S#1	Saldivar, Nicholas	E#2	RS	NN	
Lavoie, Robert	E#1	Marquez, Freddy	S#1	TT	NN	
Saldivar, Nicholas	E#2	Marquez, Freddy	S#1	TT	NN	
Lavoie, Robert	E#1	Marquez, Freddy	S#1	PH	FR	FA
Saldivar, Nicholas	E#2	Marquez, Freddy	S#1	PH	FR	FA